



## New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date:
Volume:	II	Intake, Investigation and Response	
Chapter:	E	Allegation Based System	12-30-2004
Subchapter:	1	Allegations	
Issuance:	700	<b>Bone Fractures</b>	

### ALLEGATION OF HARM 12-30-2004

A child can suffer a fractured bone due to abuse -- allegation of harm #9.

A child can suffer a fractured bone due to neglect -- allegation of harm #59.

### DEFINITION 12-30-2004

"Bone Fracture" means:

A fracture is a broken bone.

Types of bone fractures include:

- Epiphyseal-Metaphyseal Fractures

Fractures located at the ends of bones. They are commonly described as corner fractures, chipped fractures or bucket handle fractures.

- Diaphyseal Fractures

Diaphyseal fractures are located in the bone shaft. Fractures in the shaft of long bones of the extremities are spiral (oblique) or transverse. Spiral fracture is caused by twisting or rotational force. Transverse fracture results from a direct blow or bending force.

### TAKING A REPORT 12-30-2004

#### Usage –

The Reporter has reason to believe that the bone fracture resulted from one of the following:

## **ABUSE --**

- A direct action of the parent, caregiver, immediate family member, the parent's paramour or other person responsible for the child's welfare. OR
- The failure of the parent, caregiver, immediate family member, the parent's paramour, or other person responsible for the child's welfare to make reasonable efforts to stop an action by another person which resulted in a bone fracture.

## **NEGLECT –**

- Blatant disregard of parental (or other person responsible for the child's welfare) responsibilities which resulted in the child sustaining a bone fracture.

## **INVESTIGATING A REPORT     12-30-2004**

### **Required Documentation/Evidence Needed to Support a Finding –**

- Secure evidence that the fractures are a direct result of some action by a parent/caregiver (ABUSE), the failure of a parent/caregiver to stop the action of another person which results in fractures (ABUSE), or the blatant disregard of a harmful situation which results in bone fractures (NEGLECT).
- Medical documentation that a fracture exists and an exact description of the fracture.
- When police have conducted an investigation the final finding must be obtained and documented. If the police report is not available, a case note must be included indicating the report has been requested along with documentation of the verbal statements. The supervisor must review the police report when it is received to ensure findings reported reflect the verbal information received previously and documented.
- Detailed explanatory statements of the victim, perpetrator, witnesses, and any other person with knowledge of the injury have been obtained.
- If multiple possible perpetrators are identified, circumstantial evidence which identifies the most likely perpetrator.
- All other required contacts made, or documentation as to why they were not.
- Required consultations have been obtained.

- For ABUSE (allegation 9), a medical opinion has been obtained that states the explanation given for the fracture is inconsistent, and the most likely manner in which this fracture occurred was abuse or the alleged perpetrator has admitted causing the injury.
- For NEGLECT (allegation 59), a medical opinion has been obtained and states that the explanation given for the fracture is consistent or that the fracture is not likely to have been caused by abuse. The investigative file documentation must include evidence that the alleged perpetrator exposed the child to such a high risk of receiving a bone fracture that a reasonable person would have taken action to avoid it.
- Document any conflicting evidence that has been resolved or any detailed analysis of the evidence.

**Written approval** -- The above elements are required for every investigation into a bone fracture. The Supervisor's approval is required, in writing, if it is acceptable for any of the above steps to be eliminated from the investigation process.

The Supervisor documents his or her approval on a Contact Activity Note, printable as a Contact Sheet, CP&P Form [26-52](#).

## **REQUIREMENTS FOR INVESTIGATION      10-3-2011**

The Child Protective Investigator shall:

- Complete a safety assessment in accordance with policy. See [CP&P-III-B-6-600](#). Use CP&P Form [22-22](#), Safety Assessment (In-Home Cases).
- Hold in-person, individual interviews with the parents/caregivers. Parents should be contacted on the same day as contact with the child victim(s) if at all possible.
- Hold an in-person, individual interview of parent(s), other adults in the home, the child's siblings, and other children residing in the home. Non-verbal children must be observed.
- Complete CARI checks of household members and other subjects regularly frequenting or living in the home.
- If a paramour-involved report, conduct Promis/Gavel check to determine record of criminal history.
- Thoroughly read and review prior investigations.
- Interview reporter, and others identified in the current report or related information as having knowledge of the incident.

- Hold an in-person, individual interview with the alleged child victim(s); assess the child's physical injury, including photographs and/or body charts.
- Observe environment where maltreatment occurred.
- Interview the physician who treated current injury if other than reporter/source.
- Hold an in-person or phone interview with law enforcement, if police have had contact on report.
- Interview the assigned primary Worker, if a service case is currently open.
- Interview alleged perpetrator in person.
- Complete a risk assessment in accordance with policy. See [CP&P-III-B-6-600](#). Use CP&P Form [22-23](#), New Jersey CP&P Family Risk Assessment.
- Refer the child to the Regional Diagnostic and Treatment Center. See [CP&P-II-C-2-600](#).
- Complete a Caregiver Strengths and Needs Assessment in accordance with policy. See [CP&P-III-B-6-600](#). Use CP&P Form [22-24](#), New Jersey CP&P SDM™ Caregiver Strengths and Needs Assessment.
- Complete a Child Strength and Needs Assessment in accordance with policy. See [CP&P-III-B-6-600](#). Use CP&P Form [22-25](#), New Jersey CP&P SDM™ Child Strength and Needs Assessment.
- Hold an in person, individual interview with parents/caregivers.
- Hold an in person, individual interview with alleged perpetrators.
- Hold an in person, individual interview with all other adults and verbal children of the victim's household. Non-verbal children must be observed.
- Hold an in person, individual interview with all other adults and verbal children of the perpetrator's household. Non-verbal children must be observed.
- Interview all physicians directly involved with the treatment of the reported injury (e.g., attending physician, radiologist or orthopedist).
- Interview all identified witnesses who are reported to have knowledge of the incident that resulted in a bone fracture.

- If the family or the subjects identify two or more possible collateral contacts, at least two must be interviewed either by phone or in person.
- Interview the prior Worker, if service case is currently closed but has been open within the past two years.
- Interview other community professionals who have knowledge of the incident.
- When there are other children in the home, interview school personnel and/or child care provider who has knowledge of the child and/or the level of parental care provided to the child.
- Interview child protective services in other states in which the family members have resided in the previous five years.
- Interview primary care physician or physician who has seen child in past six months.

The above elements are required for every investigation into a bone fracture. The Supervisor's approval is required, in writing, if it is acceptable for any of the above steps to be eliminated from the investigation process.

The Supervisor documents his or her approval on a NJ SPIRIT Contact Activity note, printable as a Contact Sheet, CP&P Form [26-52](#).

## **REQUIRED MEDICAL INFORMATION AND/OR CONSULTATIONS 12-30-2004**

The Worker must ensure that the victim receives an immediate medical examination if evidence exists that the child is in need of urgent medical care.

A medical examination is required for all investigations.

Medical records of current treatment/diagnosis and relevant past treatment.

Expert opinion to match fractures with a potential cause (etiology) if nature of the injury is unknown or contested.

Consultation with physicians to assess appropriateness of bone scan to identify any possible past maltreatment. X-rays are mandatory for a child under two with any suspicion for abuse.

### **A second opinion is required when –**

- the treating physicians are unable or unwilling to offer an opinion regarding the cause of the injury; or

- there are conflicting opinions among treating physicians; or
- the case has been staffed with a supervisor and, based on the totality of the information gathered, the child protective investigator is unable to make a well-supported finding.

Note: The opinion of the physician with the most relevant specialization and experience should be given the greatest regard.

#### **LAW ENFORCEMENT/PROSECUTOR INVOLVEMENT OR NOTIFICATION    12-30-2004**

- It is mandatory that the Prosecutor and law enforcement be notified if child is under the age of six.
- Notify the Prosecutor if report constitutes second or more substantiation of abuse.
- Every effort should be made to coordinate investigative activities with local law enforcement officials.
- Where available these investigations must be coordinated with the Child Advocacy Centers if they are willing to work with this allegation.
- The Prosecutor shall be notified if the child is taken into protective custody or when the alleged perpetrator is a paramour.